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Application Number	10/792,156
Filing Date	03/03/2004
First Named Inventor	Hughes
Art Unit	1744
Examiner Name	Mark Spisich
Attorney Docket Number	29158.00

Please check only one of boxes 1 or 2 below:

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- ☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ attorney or agent of record. Registration Number 27,371
- ☐ attorney or agent acting under 37 CFR 1.34(may act under 37 CFR 1.34
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Signature

10/7/05
Date

Robert E. Pitts

Typed or printed name

865-584-0105

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/792,156	
	Filing Date	March 3, 2004	
	First Named Inventor	HUGHES	
	Art Unit	1744	
	Examiner Name	Mark Spisich	
Total Number of Pages in This Submission	2	Attorney Docket Number	29158.00

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pitts and Brian, P.C.		
Signature			
Printed Name	Robert E. Pitts		
Date	10/7/05	Reg. No.	27,371

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